PART B-ISSUE FEE TRANSMITTAL 🛫

Complete and mail this form, together with

Box ISSUE FEE Assistant Commissioner for Fatents Washington, D.C. 20231

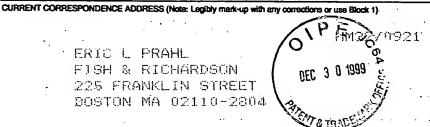
MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used . for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above onthe date indicated below.

ERIO L PRAHL FISH & RICHARDSON 225 FRANKLIN STREET BOSTON MA 02110-2804



			111.10	12/21/99	1	(Date)	
APPLICATION NO.		FILING DATE	TOTAL CLAIMS	EXAMINÉR AND GROUP ART UNI	T'. " : '	DATE MAILED	
	08/987,410	12/09/97	010	CHIN, C	1641	09/21/99	
First Named Applicant	RIDER.		TODD	H.			

TITLE OF INVENTION

Trademark Office.

OPTOELECTRONIC SENSOR

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE		DATE DUE	
1 01997/227	7001 435-007	7.200	378 UTI	LITY YES	\$605.	00 :	12/21	/99
1. Change of correspondence address Use of PTO form(s) and Customer N Change of correspondence addre PTO/SB/122) attached. "Fee Address" indication (or "Fee	(1) the names of attorneys or ago the name of a member a region and the names of and the names of and the names of a second the name	n the patent front page, list f up to 3 registered patent ents OR, alternatively, (2) single firm (having as a stered attorney or agent) of up to 2 registered patent nts. If no name is listed, no nted.	1 Fish &	Richa	ardson P.	c.		
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assigner Inclusion of assignee data is only at the PTO or is being submitted unde filling an assignment. (A) NAME OF ASSIGNEE	e is identified below, no assign proplate when an assignment r separate cover. Completion	r on the patent sly submitted to a subsititue for	0 ver _					
Massachusetts Insti (B) RESIDENCE: (CITY & STATE Of Cambridge, MA Please check the appropriate assign individual Corporation of		4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 06-1050 (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee Advance Order - # of Copies 10						
The COMMISSIONER OF PATENTS A (Authorized Signature)		• (Date	 	ation Identified above.				

ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

01/04/2000 STEFERR1 00000048 08987410

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

or agent; or the assignee or other party in interest as shown by the records of the Patent and